

SUPPLEMENTAL APPLICATION DATA SHEET**Application Information**

Application Number:: 10/612,263
Filing Date:: 07/01/2003
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?: None
Title:: Line Drivers That Use Minimal Metal Layers
~~Attorney Docket Number::~~ ~~UNTYP017~~
Attorney Docket Number:: P017.03.ABC
Request for Early Publication?: NO
Request for Non-Publication?: NO
Total Drawing Sheets:: 24
Small Entity?: YES
Petition Included?: NO
Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: DARRELL
Middle Name::
Family Name:: RINERSON
Name Suffix::
City of Residence:: CUPERTINO
State or Providence of Residence:: CA
Country of Residence:: US
Street of Mailing address:: 10423 HENEY CREEK PLACE
City of mailing address:: CUPERTINO
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: CHRISTOPHE
Middle Name::
Family Name:: CHEVALLIER
Name Suffix::
City of Residence:: PALO ALTO
State or Providence of Residence:: CA
Country of Residence:: US
Street of Mailing address:: 168 TENNYSON AVE.
City of mailing address:: PALO ALTO
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94301

~~Applicant Authority Type:: INVENTOR~~
~~Primary Citizenship Country:: US~~
~~Status:: FULL CAPACITY~~
~~Given Name:: STEVE~~
~~Middle Name:: KUO-REN~~
~~Family Name:: HSIA~~
~~Name Suffix::~~
~~City of Residence:: SAN JOSE~~
~~State or Providence of Residence:: CA~~
~~Country of Residence:: US~~
~~Street of Mailing address:: 6562 BROADACRE DR.~~
~~City of mailing address:: SAN JOSE~~
~~State or Province of mailing address:: CA~~
~~Country of mailing address:: US~~
~~Postal or Zip Code of mailing address:: 95120~~

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: WAYNE
Middle Name::
Family Name:: KINNEY
Name Suffix::
City of Residence:: EMMETT
State or Providence of Residence:: ID
Country of Residence:: US
Street of Mailing address:: 7506 UPPER AVE.
City of mailing address:: EMMETT
State or Province of mailing address:: ID
Country of mailing address:: US
Postal or Zip Code of mailing address:: 83617

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: STEVEN
Middle Name:: W.
Family Name:: LONGCOR
Name Suffix::
City of Residence:: MOUNTAIN VIEW
State or Providence of Residence:: CA
Country of Residence:: US
Street of Mailing address:: 2711 LEVIN CT.
City of mailing address:: MOUNTAIN VIEW
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: EMOND
Middle Name::
Family Name:: WARD
Name Suffix::
City of Residence:: MONTE SERENO
State or Providence of Residence:: CA
Country of Residence:: US
Street of Mailing address:: 17324 EATON LANE
City of mailing address:: MONTE SERENO
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95030

Correspondence Information

Correspondence Customer Number :: 42958
Phone number:: 408-737-7200 x 114
Fax Number:: 408-737-8067
E-Mail address:: mmalino@unitysemi.com

Representative Information

Representative Customer Number:: 42958

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/400,849	08/02/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/422,922	10/31/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/424,083	11/05/02

Assignee Information

Assignee name:: UNITY SEMICONDUCTOR CORPORATION
Street of Mailing address:: 250 NORTH WOLFE ROAD
City of mailing address:: SUNNYVALE
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94085-4510